## 118000258677

(Requestor's Name)
, ,
(Address)
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## **COVER LETTER**

FO:	Registration Sec Division of Corp			
SUBJEC	RJCE Prope			
SUBJEC	· ! ·	Name of Limi	ited Liability Company	
The encl	osed Articles of .	Amendment and fee(s) are sub-	mitted for filing.	
Please re	turn all correspo	ndence concerning this matter	to the following:	
		Riad Sayegh		
			Name of Person	
			Firm/Company	
		210 Eric Ct		
		Oldsmar, FL 34677	Address	
			City/State and Zip Code	
		Riadsayegh@yahoo.com  E-mail address: (	to be used for future annual report notifi	cation)
For furth	er information co	oncerning this matter, please ea	ilt:	
Riad Sag	yegh		571 641-9023	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclosed	l is a check for th	ne following amount:		
<b>S</b> \$25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		ING ADDRESS:	STREET/COURING Registration Section	

Division of Corporations

TO:

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RJCE Properties LLC		
(Name of the Limited Liability Compa (A Florida Limited I.	ny as it now appears on our recor liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number 1.18000258677	were filed on 11/5/2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		. <del>ú</del>
		五 -
		<u></u>
Enter new mailing address, if applicable:		
.,,	<del> </del>	72
Mailing address MAY BE A POST OFFICE BOX)		.: <u>;</u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ds, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida street addr	ess
		lorida
	Сиу	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Josette Sayegh	210 Eric Ct	
<del> </del>		Oldsmar, FL 34677	Add
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effective date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing:  E: If the date inserted in this block does not meet the applicable statutory ument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effectine 90th day after the record is filed.	ive time, at 12:01 a.m. on the earlier o
ed	
	Tosette Sayegt

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Filing Fee: \$25.00